

**STATE OF WEST VIRGINIA  
OFFICES OF THE INSURANCE COMMISSIONER  
REGISTRATION NOTICE FOR  
THIRD PARTY ADMINISTRATOR  
OF A SELF-FUNDED EMPLOYEE BENEFIT PLAN**

I, \_\_\_\_\_  
(Name of Officer) (Title of Officer)

of \_\_\_\_\_  
(Name of Third Party Administrator)

hereby register with the Insurance Commissioner and verify pursuant to the provisions of West Virginia Code §33-46-13 that the above named organization acts only as the third party administrator in connection with life, annuity or accident and sickness coverage provided by a self-funded plan(s) other than governmental or church plans in the State of West Virginia.

Dated: \_\_\_\_\_ By: \_\_\_\_\_  
(Signature of Officer)  
\_\_\_\_\_  
(Typed Name and Title of Officer)

Required Additional Information (Print or Type)

Federal Employee Identification Number (FEIN): \_\_\_\_\_

State of Corporate Domicile: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Name) (Telephone No.) (E-mail Address)

Attach the following information for plans providing coverage for West Virginia residents:

- a. A list of **all** plans (indicate type), including self-funded, fully insured, MEWAS, commercial self-insurance funds, spending accounts associated with Section-125 Flexible Benefit plans, etc.
- b. Provide the annual premiums collected and/or claims paid for each plan, the number of insureds in total and the number of West Virginia insureds.
- c. Give the name of the carrier and/or self-insured plans, address, contact person, title, and telephone number for each plan.